DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY TRAINING AND DOCTRINE COMMAND
FORT MONROE, VIRGINIA 23651-5000

30 September 1985

FOREWORD

TRADOC Suicide Prevention Planning Guide

The enclosed guide is provided as a follow-up to my 10 May 1985 letter directing installations to create initiatives in suicide prevention. This guide represents a compilation of the best knowledge and experience available on the subject. While each command climate differs, sensitization and education of suicide prevention remains the same. There are no methods of measuring the successes of suicide prevention, but any action taken by the command to create a positive climate for the potential victim is not wasted.

Commanders must work with their community suicide prevention agencies to ensure that the TRADOC initiatives are carried out. These initiatives are:

a. To develop caring leadership and promote early involvement of the chain of command and professional agencies.

b. Sensitization of junior leaders by senior leaders.

c. To demonstrate a formal commitment to mutually support the Army's objective through a series of actions which treat the causes of suicide itself.

As commanders and leaders of American soldiers, we are responsible for the health and welfare of our subordinates. At times this extends to life and death matters such as suicide. In such instances we have a duty to use all the resources available to carry out those responsibilities.

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General, United States Army
Commanding

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TRADOC Suicide Prevention Planning Guide

1. The Secretary of the Army and the Chief of Staff, U.S. Army, recently emphasized the responsibilities of leaders for suicide prevention. Therefore, TRADOC has made a formal commitment to create a command climate which is sensitive and responsive to factors which contribute to suicide throughout our military community. The enclosed TRADOC guide is provide for leaders to use as a framework in establishing proactive measures against this disturbing problem.

2. This guide is not intended to eliminate all stress situations from the military environment. Personal strength and integrity are developed and tempered through the experience in dealing with stressful events in our lives. However, occasionally individuals become overwhelmed by a combination of events that lead the person to believe that suicide is the only way out. We must create and maintain an optimal social environment through the expansion of caring leadership at all echelons. This is the signal our leaders must send to all service and family members immediately. Emphasis is placed on the following:

a. Caring leadership and early involvement of the chain of command and professional agencies.

b. Sensitization of junior leaders by senior leaders.

c. A formal commitment to mutually support the Army’s objective through a series of actions which treat the causes of suicide rather than suicide itself.

3. Each TRADOC installation and activity is expected to utilize its Human Resources Council, or other similarly constituted council assisted by the AMEDD, Provost Marshal, chaplains and a broad base of other community support agencies. Its function is to identify and develop an installation plan, institutionalize the initiatives and enhance the positive social and physical environment of its installation.

4. TRADOC's Suicide Prevention Planning Guide provides installations with recommendations and training materials to use in developing their program as follows:

Part I	Training the People
Part II	Training in the Schoolhouse
Part III	Training Human Services Providers
Part IV	Assessing the Physical and Social Environment for Potential Negative and Positive Stressors

Part I - Training the People

1. The goal of the Suicide Prevention Strategy is to reduce the incidence of suicide in the Army. To accomplish this, the Army must sensitize various groups of people and cause them to take appropriate action. Suicide prevention efforts should be targeted basically on two groups: those who are susceptible to the myriad of factors that contribute to or cause self-destructive behavior, and those personnel who can intervene to prevent the incident from occurring.

a. The first group consists of essentially the entire Army community because no one is totally immune to the myriad of circumstances and pressures which contribute to the problem.

b. The second major target group consists of people who can act to prevent a suicide. This group consists of Army leaders, civilian supervisors and helping professionals. The general message to this group is simple--create sensitivity and awareness of suicide and explain what can be done to intervene and prevent.

2. "The United States Army Guide to Prevention of Suicide and Self-destructive Behavior" (Appendix B) provides for training Army leaders, supervisors and helping professionals. Also available through the local Training and Audiovisual Support Centers (TASCs) is an 18-minute video tape produced by the Academy of Health Sciences, entitled "Suicide Prevention." It is recommended that these two teaching aids be used in training leaders, from NCOs to senior commanders and supervisors. In addition, each installation should prepare a local SOP handout identifying specific options and POCs for leaders who identify individuals with potential suicide behavior who may require professional assistance.

Part II - Training in the Schoolhouse

1. Suicide Prevention training will be provided in all TRADOC officer and NCO development courses to ensure Army leaders are sensitized to the suicidal dangers for soldiers and family members. Suicide Prevention will be included in the Duties, Responsibilities and Administration (DRA) block of leadership instruction.

2. Suicide Prevention training will be augmented by "The United States Army Guide to Prevention of Suicide and Self-destructive Behavior" and the 18-minute video tape produced by the Academy of Health Sciences, entitled "Suicide Prevention."

Part III - Training Human Services Providers

1. Human services providers are often in a unique position to observe symptomatic self-destructive behavior or to deal with family members or close friends of such people.

2. Chaplains, military police, ADAPCP counselors, ACS financial assistance counselors and other functional area personnel need to be familiar with the following:

a. To become sensitive to the signals that could identify a potential suicide.

b. To become familiar with the appropriate network of professional help available to active duty, civilian employees and family members.

c. To have a clear understanding of how to deal with a perceived situation when it presents itself.

3. It is recommended that this training be provided by a qualified professional.

4. Specialized training initiatives for health care professions are being implemented through The Surgeon General channels.

Part IV - Assessing the Physical and Social Environment for potential Negative and Positive Stressors

1. Suicide prevention is not accomplished solely by identification of the suicide prone individual. Suicide is prevented by altering the conditions and treating the underlying problem which produced the suicidal thoughts.

2. Suicide is the end result of a complex interplay of individual, family, unit, community, and biologic variables. Alterations in unit cohesion and morale and family integrity, as well as individual life stress events, may result in an increased risk of suicide or suicide related behaviors. Suicide is but one type of deviant behavior affected by those variables. Excessive drinking, drug abuse, family violence, accidents, AWOLs, and all sorts of other disciplinary problems may stem from the same conditions that produce suicides. These behaviors should be considered as potential indicators of an individual in crisis.

3. A suicide may be an indicator of organizational stress. It must be emphasized, however, that it is only one indicator and, as such, must be understood in the context of other traditional indicators of unit readiness.

4. Suicide prevention also requires the assessing of the social environment and activities which foster primary relationships. The individuals who isolate themselves, who have not developed close friendships, are most likely to internalize problems and dwell on them in irrational terms. The individuals who may be overwhelmed by circumstances but who have close friends with whom to verbalize their problems will likely sort out those problems in a more rational manner. A workable strategy for the prevention of suicide is to enhance the social environment and those activities which foster primary relationships (home, chapel, family, etc.) for our TRADOC personnel.

Appendix A

TRADOC's uniqueness lies in its mission of being the trainer of the Army and being the forerunner of change and modernization. In turn, the leaders training our soldiers to "Be all you can be" and the initiators of new programs of "Excellence" can bring about a formidable environment for stress. Stress is normal. However, when stress is accompanied by long hours, family separation, and the expectations of leadership as highly visible role models, it can lead a person to believe that suicide is the only way to relief.

Statistics within TRADOC are as follows:

	TRADOC	VS	ARMY	RATE PER 100,000 POPULATION OF ARMY
1981	22		84	1O.9
1982	32		104	11.4
1983	24		80	*
1984	29		81	*

* Criminal investigations have not been closed out for those years.

Of 27 suicides within TRADOC from July 84 to July 85, 48 percent were in the grade of E5 - E8; 26 percent in grade E3 - E4, and 7.4 percent in the grade of E2 and El.

Motivation for Suicide. Data pertaining to the motivation to commit suicide is incomplete. However, the following is a portrayal of the most frequently documented factors from Army figures for 1984.

a. Marital difficulties in 23 suicides (31 percent).

b. Financial difficulties in 6 suicides (8 percent).

c. Female/male relationships in 5 suicides (7 percent).

d. Mental illness/depression in 7 suicides (10 percent).

e. Medical problems in 2 suicides (3 percent).

f. Job performance/adjustment to military life in 4 suicides (5 percent).

g. Academic failure in one instance.

h. Disciplinary/judicial actions in 4 suicides (6 percent).

i. Of the reports reviewed, in 24 instances (32 percent) there was insufficient data to determine the decedents' motives for taking their lives.

TRADOC 1985

Compiled from casualty reports and SIR (Jan - Jul 85)

22 Suicides	AGES	RACE	SEX	CAUSE	MEANS
18 AD(2 Navy) (16 Army)	19-38	3 Hisp 14 White 1 Black	17M 1F	14 Unk 1 Med Dis 3 Marital Problems	1 Self Inf 4 Hanging 9 Gunshot 2 OD 2 Asphyx-iation
3 Retirees	67-69	2 White 1 Am Indian	3M	1 Med 2 Unk	3 Gunshot
1 Youth	8	1 White	lM	Problem at School	1 Hanging

INSTALLATION	SUICIDES Jul 84-Jul 85	RATE PER 100,000	GRADE E1	E2	E3-E4	E5-E8	E9	O1-O3 W1-W3	O4-O6 W4
Belvoir	0	0							
Benning	1	4.00			1				
Bliss	4	18.00		1	1	2			
Carlisle Bks	0	0							
Dix	1	8.00				1			
Eustis	1	9.00			1				
Gordon	0	0							
Ben Harrison	1	18.00						1	
Jackson	1	6.00				1			
Knox	5	23.00	1		2	2			
Leavenworth	0	0							
Lee	1	13.00						1	
Monroe	0	0							
McClellan	2	21.00				1		1	
Rucker	3	35.00	1		1	1			
Sill	4	17.00		1	1	2			
Leonard Wood	3	19.00				3			
TRADOC TOTAL	**27**	**13.00**	**2**	**2**	**7**	**13**	**0**	**3**	**0**
Civilian Total (ages 15 - 65)		22.00							

Appendix B

THE UNITED STATES ARMY GUIDE TO PREVENTION OF SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR

Suicide among young adults is a serious and growing problem. In the past 25 years, there has been a 300 percent increase in the adolescent suicide rate. More than 6,500 young Americans kill themselves each year. Taking all age groups into account, nearly 30,000 Americans die by their own hand each year. There are over 1000 suicide attempts in the United States daily or one every minute of every day. Nationally, suicide is the tenth leading cause of death. In persons 14 to 25 years of age, it is the third leading cause of death and, among college students, it is second.

WHY SUICIDE?

There is no simple answer as to why people choose to kill themselves. Usually, the emotional upset is so great that the person "just wants to stop the pain." The suicidal person feels a tremendous sense of loneliness and isolation. They feel helpless, hopeless, and worthless. Often they believe that it does not matter if they live or die and that no one would miss them. Suicidal people feel that they cannot cope with their problems and that suicide is the only possible way to escape unbearable pain.

WHAT CAUSES SUICIDE?

In trying to understand why people kill themselves, it is tempting to look at the source of stress in their lives. An analysis of life stressors is not, however, the answer. Stress is a normal part of life and people are usually able to cope. Actually, most people think about suicide at sometime during their lives. Usually they find that these thoughts are temporary and that things do get better. Generally, it is a combination of events that lead a person to believe that suicide is the only way out. One common thread is that the person feels hopeless about life. Feelings of hopelessness low self-esteem can have many causes:

o Break up of a close relationship with a loved one or difficulties in interpersonal relationships with family or close friends.

o Death of a loved one: spouse, child, parent, sibling, friend, or pet.

o Worry about job or school performance and concerns about failure or doing less well than one hoped or expected.

o Loss of "support systems" or "emotional safety" which comes from moving to a new environment.

o Loss of social or financial status of the family.

o The compounding and disorienting effects of drugs and/for alcohol.

SUICIDE IS A NEEDLESS AND PERMANENT SOLUTION TO SHORT-TERM PROBLEMS

THERE ARE ALTERNATIVES

An encounter with a suicidal person is always a deeply emotional experience. There is a fear of not knowing what to do, or doing the wrong thing. However, just telling someone "I care about you" indicates that there is hope and help. Misinformation often prevents potential helpers from becoming involved for fear of making a situation worse. There are many myths about suicide which keep us from becoming involved. What are the myths and what are the facts?

Myth: People who talk about suicide rarely attempt or commit suicide.

Fact: Nearly 80 percent of those who attempt or commit suicide give some warning of their intentions. When someone talks about committing suicide, they may be giving a warning that should not be ignored.

Myth: Talking to people about their suicidal feelings will cause them to commit suicide.

Fact: Talking to people about their suicidal feelings usually makes them feel relieved that someone finally recognized their emotional pain, and they will feel safer talking about it.

Myth: All suicidal people want to die and there is nothing that can be done about it.

Fact: Most suicidal people are undecided about living or dying. They may gamble with death, leaving it to others to rescue them. Frequently they call for help before and after a suicide attempt.

Myth: Suicide is an act of impulse with no previous planning.

Fact: Most suicides are carefully planned and thought about for weeks.

Myth: Once persons are suicidal, they are suicidal forever.

Fact: Most suicidal people are that way for only a brief period in their lives. If attempters receive proper assistance : and support, they will probably never be suicidal again. Only about 10 percent of attempters later complete the act.

Myth: A person who attempts suicide will not try again.

Fact: Most people who commit suicide have made previous attempts.

Myth: Improvement in a suicidal person means the danger is over.

Fact: Most suicides occur within about three months following the beginning of improvement, when individuals have the energy to act on their morbid thoughts and feelings. The desire to escape life may be so great that the idea of suicide represents relief from a hopeless situation. Often a period of calm may follow a decision to commit suicide.

Myth: Suicidal persons are mentally ill.

Fact: Studies of hundreds of suicide notes indicate that, although suicidal persons are extremely unhappy, they are not necessarily mentally ill.

Myth: Because it includes the holiday season, December has a high suicide rate.

Fact: Nationally, December has the lowest-suicide rate of any month. During the holiday season, the depressed person feels some sort of belonging and feels things may get better. As spring comes and their depression does not lift, the comparison of the newness and rebirth of spring and their own situation can produce overt self-destructive behavior.

DEPRESSION

Depression is often associated with suicide. In 75 to 80 percent of all suicides, depression is a contributing factor. Sadness and an occasional "case of the blues" are normal emotions common to everyone. However, depression, an abnormal emotional state, is a profound sadness which is present nearly everyday for at least two weeks. Depression is characterized by:

o Poor appetite, significant weight loss, increased appetite or significant weight gain.

o Change in sleep habits, either excessive sleep or inability to sleep.

o Behavioral agitation or a slowing of movement.

o Loss of interest or pleasure in usual activities or decrease in sexual drive.

o Loss of energy, fatigue.

o Complaints or evidence of diminished ability to think or concentrate.

o Feelings of worthlessness, self-reproach, or excessive

o Withdrawal from family and friends.

o Drastic mood swings.

o Sudden change in behavior

SOME SIGNS OF SUICIDE

Historical factors have been identified which, when present, should cause us to increase our vigilance. Any person is at greater risk of suicide if they have:

o made a previous suicide attempt.

o a family history of suicide.

o lost a friend through suicide.

o been involved with drugs or alcohol.

o alcoholics in the family.

IMMEDIATE DANGER SIGNALS

When one or more of the following are observed in a person (especially someone who is or has experienced some of the life stress events associated with suicide, who appears to be depressed, and has a history known to cause increased risk of suicide) suicidal behavior may be imminent:

o Talking about or hinting at suicide.

o Giving away possessions: making a will.

o Obsession with death; sad music or sad poetry. Themes of death in letters or art work.

o Making specific plans to commit suicide and access to lethal means.

o Buying a gun.

WHAT TO DO

If you believe that someone may be suicidal, it is important to remember:

o Take threats seriously. Trust your suspicions. It is easy to predict suicidal behavior when a person shows most of the factors given above. However, the warning signs from many people are very subtle. Something like telling loved ones "goodbye" instead of "goodnight" may be the only clue.

o Answer cries for help. Once you are alerted to the clues that may constitute a "cry for help" from a loved one, friend, or co-worker, you can help in several ways. The most important thing is not to ignore the issue. It is better to offer help early than to regret not doing so later. The first step is to offer support, understanding, and compassion, no matter what the problems may be. The suicidal person is truly hurting.

o Confront the problem. If you suspect that a parson is suicidal, begin by asking questions such as, " Are you feeling depressed?" "Have you been thinking of hurting yourself?" leading up to the question "Are you thinking of killing yourself?" Be direct. Don’t be afraid to discuss suicide with the person. Getting the individual to talk about it is a positive step. Be a good listener, and a good friend. Don’t make moral judgments, act shocked, or make light of the situation. Offering advice such as, "Be grateful for what you have," or "you’re so much better off than most," may only deepen the sense of guilt the person probably already feels. Discussing it may help lead the person away from actually doing it by demonstrating the feeling that someone cares.

o Tell them you care. Persons who attempt suicide most often feel alone, worthless, and unloved. You can help by letting them know that they are not alone, that you are always there for them to talk to. Tell loved ones how much you care about them, and offer your support and compassion. By assuring them that some help is available, you are literally throwing them a lifeline. Remember, although individuals may think they want to die, they have an innate will to live, and are more than likely hoping to be rescued.

o Get professional help. The most useful thing you can do is to encourage the person who is considering suicide to get professional help. If necessary, offer to go with them or take

them to get help. The Army community offers many resources for help. The Community Mental Health Service, hospital departments of psychiatry, social work services, and division mental health services should be considered. The Chaplain Family Life Center offers professional pastoral care and counseling. Every Chaplain is trained in dealing with those areas which may lead to eventual suicide: family violence, depression, marital conflict, loneliness and spiritual/moral conflicts, etc. Each TRADOC installation has a duty chaplain who is available 24 hours a day for counseling suicidal soldiers or family members. Other sources of help include the Alcohol and Drug Community Counseling Center, Army Community Services (ACS) and the chain of command.

WHAT NOT TO DO

o Don’t leave anyone alone if you believe the risk for suicide is imminent.

o Don’t assume the person isn’t the suicidal "type."

o Don’t act shocked at what the person tells you.

o Don’t debate the morality of self-destruction or talk about how it may hurt others. This may induce more guilt.

o Don’t keep a deadly secret. Tell someone what you suspect.

REMEMBER

Suicide is a traumatic event for the individual and for all those people who have some connection with the person. Edwin Schneidman, Ph.D., founding president of the American Association of Suicidology, has stated:

> "Human understanding is the most effective weapon against suicide. The greatest need is to deepen the awareness and sensitivity of people to their fellow men.

The proponent of this pamphlet is the Office of the Deputy Chief of Staff for Personnel, Administration and Logistics. Users are invited to send comments and suggestions on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Cdr, TRADOC, ATTN: ATPL-AHA, Fort Monroe, Virginia 23651-5000.

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